North Carolina State Bureau of Investigation

COLLEGE INTERNSHIP APPLICATION

Revised 8/22/2005

Personal Information					
Name:		DOB:			
(Last)	(First)	(Middle)			
SS Number:	Driver License #/State:		Race:	Sex:	
Current Address:					
Permanent Address:					
Home Phone:	CONTACT Phone:	Work Phone:			
If your answer to questions 1 or 2 belo	ow is yes, please discuss in detail on	an attached pag	ge:		
1. Have you ever been convicted of a crime?		Yes:	No:	<u> </u>	
2. Have you ever possessed or used a	nn illegal drug?	Yes:	No:		
Preferred Internship Date (specify semester and year): Spring:		Summer	:	Fall:	
Geographic Location(s) Preferred:	(1)	(2)			
Preferred Assignment(s):	Lab: Admin: Field:				
School Information					
College or University:					
Intern Counselor/Advisor:			Telephone Number:		
Major:	Earned Credit Hours:				
Course Credit: Yes: No:	Internship Credit Hours:	Internsh	ip Preference	::	
Specify Research Paper or Project:					
Work Experience					
Employer:		Job Title:			
Supervisor Name:	Supervisor Phone Number:				
Dates of Employment:					
Duties:					
Employer:		Job Title:			
Supervisor Name:	Supervisor Phone Number:				
Dates of Employment:					
Duties:					
C:					
Signature The information I have provided on	this application is assessed as 1 to	o to the bast of		. I am 4	

Intern Signature:

Date: